



## STOP Annual Report Form Special Investigators and Prosecutors

Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contract Number: \_\_\_\_\_

**Reporting Period:** January 1 – December 31

**Report Due Date:** January 15

**A. Indicate the number of special investigators and/or special prosecutors funded by this STOP project.** (Use the full-time equivalent, i.e., 1 for a full time employee, .25 for a 1/4 time employee or .5 for a 1/2 time employee, etc.)

\_\_\_\_\_ **Special Investigators**

\_\_\_\_\_ **Special Prosecutors**

**B. Indicate the number of the following types of cases** (violence against women only) **reported to Law Enforcement.**

\_\_\_\_\_ Adults Molested as Children

\_\_\_\_\_ Stalking

\_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Assault

\_\_\_\_\_ Adult Sexual Assault

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Elder Abuse

**C. Indicate the number of the following types of cases** (violence against women only) **investigated by Law Enforcement.**

\_\_\_\_\_ Adults Molested as Children

\_\_\_\_\_ Stalking

\_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Assault

\_\_\_\_\_ Adult Sexual Assault

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Elder Abuse

**D. Indicate the number of the following types of cases** (violence against women only) **reviewed by the Prosecutor.**

\_\_\_\_\_ Adults Molested as Children

\_\_\_\_\_ Stalking

\_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Assault

\_\_\_\_\_ Adult Sexual Assault

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ Elder Abuse

**E. Indicate the number of the following types of cases (violence against women only) charged by the Prosecutor.**

_____ Adults Molested as Children	_____ Stalking
_____ Domestic Violence	_____ Assault
_____ Adult Sexual Assault	_____ Other (specify) _____
_____ Elder Abuse	

**F. Indicate the number of convictions for each of the following types of cases (violence against women only).**

_____ Adults Molested as Children	_____ Stalking
_____ Domestic Violence	_____ Assault
_____ Adult Sexual Assault	_____ Other (specify) _____
_____ Elder Abuse	

**G. Indicate the number of dismissals for each of the following types of cases (violence against women only).**

_____ Adults Molested as Children	_____ Stalking
_____ Domestic Violence	_____ Assault
_____ Adult Sexual Assault	_____ Other (specify) _____
_____ Elder Abuse	

**H. Indicate the number of cases currently pending for the following types of crimes (violence against women only).**

_____ Adults Molested as Children	_____ Stalking
_____ Domestic Violence	_____ Assault
_____ Adult Sexual Assault	_____ Other (specify) _____
_____ Elder Abuse	

**I. Indicate the number of repeat offenders (violence against women only) charged for each of the following.**

_____ Adults Molested as Children	_____ Stalking
_____ Domestic Violence	_____ Assault
_____ Adult Sexual Assault	_____ Other (specify) _____
_____ Elder Abuse	

*For the following sections, please provide as much information as possible. Attach additional sheets if necessary.*

**J. Complete the following information as it relates to any special training received by staff or volunteers through this STOP project.**

[illegible]

**K. Complete the following information as it relates to any special training or public awareness presentations provided by your agency through this STOP project.**

[illegible]

- L. Describe efforts to promote coordinated efforts within the community to aid crime victims and address crimes targeting women. Include information regarding the meetings of formal task force units, committees, etc. Include any needs assessments, program evaluations, training efforts, new protocol, policies, procedures, etc.**
- M. Describe any notable activities conducted to improve the delivery of victim services. These activities need to be related specifically to the STOP funded project and/or coordination of the STOP project.**
- N. Describe any notable activities aimed at educating the community regarding crimes committed against women, public awareness, and/or prevention.**

**O. Include and/or attach anecdotal information and individual case histories illustrating how STOP funds have been used to assist crime victims.**

**P. Identify any emerging issues or notable trends impacting crimes against women in your area.**

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

**Please Note:** This Annual Performance Report must be received by January 15<sup>th</sup> during the year immediately following the end of the contract period for the referenced contract. Failure to submit this Annual Performance Report by January 15<sup>th</sup> could result in the termination of any current funding awarded to this contractor.